

# Camp Lor-Ray 2012 [Teen Retreat] Registration Form

July 6 at 3:00pm to July 9 at 9:00pm

Name \_\_\_\_\_  Male  Female

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Home Church \_\_\_\_\_ Synod \_\_\_\_\_

Church City/State \_\_\_\_\_

Cabin-mate choice: (optional) \_\_\_\_\_

### T-shirt size

sm  med  lg  xlg  xxlg

Parent's signature \_\_\_\_\_

Pastor's signature \_\_\_\_\_

Early bird special before April 15: **\$150**

After April 15: **\$175**

2<sup>nd</sup> Camper in immediate family (during this same week only): **\$125**

Check Enclosed?  Yes  No

Please LIST PREFERENCE (1,2,3...) for off-site activity:

(Include money for top choice; will be refunded or asked to make up balance if option changes)

- Dune Buggy Rides (\$16.00)
- Day at Lake Michigan (Free)
- Michigan's Adventure (\$28.00)

Make check payable to: **Camp Lor-Ray Association**

All forms and full payment must be received by June 15<sup>th</sup>, 2012.

No refunds after July 1<sup>st</sup>, 2012.

Return form & check to:

**Kenneth Nolte, Kids' Camp Superintendent,**  
**404 East Glenlord Road, St. Joseph, MI 49085.**  
**Phone: (269) 429-4941 or 429-0095; FAX: (269) 429-5384**

# Camper Health History Record

Rule 127.2

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

### Current Health Issues and History

List any special conditions such as bedwetting, fainting, sleep walking, or allergies the camper has:

Does camper have any health, behavioral or emotional problems, or infectious diseases?  Yes  No If yes, please list:

Should the camper's activity be restricted because of any physical reason?

Yes  No If yes, explain:

List any medications camper takes. Send any medicine in original container and only the amount needed for the week. (If your child arrives with a communicable disease, i.e. head lice, stomach flu, strep throat, pink eye. They will not be allowed to remain at camp until a doctor or health clinic has released them.)

Name of Medication \_\_\_\_\_

Frequency \_\_\_\_\_ Dosage \_\_\_\_\_

**NOTE:** ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINER.

Check if nurse is allowed to give your child Tylenol or \_\_\_\_\_ for pain relief.

### Immunization Record

Immunizations are up to date:  Yes  No If No, explain:

Tetanus shot date (if known) \_\_\_\_\_ (If no date is known or if shot has expired, the camper will probably receive a shot if deemed necessary.)

I certify that this information is true to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_

# AUTHORIZATION RELEASE

Name of Camper \_\_\_\_\_  Male  Female

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ is hereby given permission to leave

Camp Lor-Ray with any of the following persons at the time of camper pick-up:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

-or- I grant permission to my child, \_\_\_\_\_ to drive him/herself to and from Camp Lor-Ray, provided he/she turns in the keys to the Camp Director at the beginning of the Retreat.  Yes  No

Pick up from camp will be **after closing devotion on Monday\***. Parents are strongly encouraged to attend skits and closing devotion. All medication should be picked up from the nurse at the time of departure.

Vehicle in which camper is picked up/driving (make and model of vehicle):

\_\_\_\_\_  
\_\_\_\_\_

Date and time camper is to be released **if other than Monday** after the closing devotion: \_\_\_\_\_

\*No child will be released from camp before the closing devotion without this authorization. Special arrangements may be made 24 hours in advance by consulting with the Camp Director

## **\*TO BE FILLED OUT WHEN CAMPER IS RELEASED FROM CAMP\***

\_\_\_\_\_ Has been released

from Camp Lor-Ray to \_\_\_\_\_  
(name of adult to which camper is released, if not driving)

on \_\_\_\_\_, at \_\_\_\_\_  
(date) (time of day)

Signature \_\_\_\_\_

# PARENTAL CONSENT

I give permission for my child, or ward to attend Camp Lor-Ray from \_\_\_\_\_ to \_\_\_\_\_, 2012 (dates of camp)

- In granting this permission, I assume full responsibility for any damages to person(s) or property caused by my child or ward.
- I further agree that in the event of behavior which would warrant dismissal of my child or ward from camp, I will arrange to have my child or ward picked up or assume responsibility for any expenses incurred in returning my child or ward to me.
- I further give permission for any emergency medical and surgical treatment if there is insufficient time to contact me. I also consent to routine, non-surgical medical care. I also consent to having my child or ward transported by a designated vehicle to and from any hospital or clinic deemed necessary.
- I give permission for the nurse to take pictures of any wounds the camper has upon arrival at camp and wounds that are incurred at camp.

(If this consent form is signed by one of two parents or guardians, it is with authority of the other.)

## HIGH ADVENTURE CONSENT

I hereby give permission for my child or ward named below to participate in the following High Adventure Activities.

Parents: Initial each activity you agree to let your child participate in.

\_\_\_\_ Aquatics/Swimming/Snorkeling

\_\_\_\_ Watercrafts/Canoeing

\_\_\_\_ Fishing

\_\_\_\_ Shooting (Bow & Arrow, BB Guns)

\_\_\_\_ Off Campus Activity (only for 7<sup>th</sup>-9<sup>th</sup> & teen Retreat)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

### Photo Release

I agree to allow photographs, video, and interviews, which may be used in the promotion of Camp Lor-Ray, to be taken during the Camp session.

Parent/Guardian Signature \_\_\_\_\_